



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Channelview Medical Center

Respondent Name

Zurich American Insurance Co

MFDR Tracking Number

M4-13-2646-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

June 17, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The bill was initially submitted 1/25/13 with complete medical documentation. Denial was received and bill was resubmitted on 3/25/13 again with all required documentation, 6 pages total."

Amount in Dispute: \$180.10

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Fee Schedule Team has indicated that no further payment should be allowed at this time. The provider would need to bill correctly as a modifier is missing. Therefore, the received billings for DOS 12-18-12 are considered incomplete bills."

Response Submitted by: Gallagher Bassett, 16414 San Pedro Ave, Suite #950, San Antonio, TX 78232

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 18, 2012	99213, 99080	\$180.10	\$113.85

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. 28 Texas Administrative Code §129.5 sets out medical bill submission requirements and reimbursement amounts for Work Status reports.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 16 – Claim/service lacks information which is needed for adjudication

Issues

1. Did the requestor support claim was submitted correctly?

2. Was the claim submitted per Division rules?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...” Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of an established patient. The American Medical Association (AMA) CPT code description for 99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.

The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare policy. It describes the documentation requirements for the service in dispute. Review of the documentation finds the following:

- Documentation of the Expanded History
 - History of Present Illness (HPI) consists of one to three elements of the HPI. Documentation found listed three elements, thus meeting component.
 - Review of Systems (ROS) inquires about the system directly related to the problem(s) identified in the HPI. Documentation found listed one system. This component was met.
 - Past Family, and/or Social History (PFSH) are not applicable.
- Documentation of a Expanded Examination:
 - Requires limited examination of the affected body area. The documentation found examination of three systems: constitutional, musculoskeletal, and skin. This component was met.

The carrier denied the claim as, 16 – “Claim/service lacks information which is needed for adjudication.” Review of the submitted documentation the Division finds the carrier’s denial for this line item is not supported. Therefore, the disputed evaluation and management service will be reviewed per applicable fee guidelines.

2. The division notes that code 99080 was also listed in the table of disputed services. 28 Texas Administrative Code §129.5(h)(i)(5) states, “(i) Notwithstanding any other provision of this title, a doctor may bill for, and a carrier shall reimburse, filing a complete Work Status Report required under this section or for providing a subsequent copy of a Work Status Report which was previously filed because the carrier, its agent, or the employer through its carrier, asks for an extra copy. The amount of reimbursement shall be \$15. A doctor shall not bill in excess of \$15 and shall not bill or be entitled to reimbursement for a Work Status Report which is not reimbursable under this section. Doctors are not required to submit a copy of the report being billed for with the bill if the report was previously provided. Doctors billing for Work Status Reports as permitted by this section shall do so as follows: (1) CPT code "99080" with modifier "73" shall be used when the doctor is billing for a report required under subsections (d)(1), (d)(2), and (f) of this section; reimbursement in the amount of \$15.00 is recommended.” Review of the submitted medical bill finds the health care provider did not comply with Rule 129.5 as the required modifier was not included on the bill. The Division finds the carrier’s denial for this line item is supported. No additional reimbursement can be recommended.
3. 28 TAC §134.203 (c) sets out the maximum allowable reimbursement (MAR) = (TDI-DWC Conversion Factor / Medicare Conversion Factor) x Medicare Price or (54.86 / 34.0376) x \$70.64 = \$113.85.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$113.85

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$113.85 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

June 12, 2014

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.